

<b>PRINTING REQUEST</b>		AGENCY NUMBER (FOR PRINTING & DISTRIBUTION USE ONLY)	
AGENCY/PROGRAM/ACTIVITY		APPROPRIATION NO.	DATE OF REQUEST
TITLE/ITEM/SERVICE DESIRED		DATE LAST PRINTED	<input type="checkbox"/> NEW <input type="checkbox"/> REPRINT <input type="checkbox"/> MAJOR REVISION <input type="checkbox"/> SLIGHT REVISION
NO. OF COPIES TO BE PRINTED	<input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> SCIENTIFIC/TECHNICAL <input type="checkbox"/> PUBLIC	TYPE OF PUBLICATION (i.e., book or pamphlet, directive, federal register reprint, etc., for forms use section below)	SERIES NO.

<b>PAPER AND INK</b>	
TEXT PAPER (Grade, Color, Weight)	INK COLOR
COVER	

<b>MATERIALS FURNISHED (Quantity, include sample if possible)</b>				
CAMERA COPY/NO. OF PAGES FURNISHED	NEGATIVES	HALFTONES	TRANSPARENCIES	OTHER

<b>PRINTING/BINDING SPECIFICATIONS</b>				
TRIM SIZE (Final size)	<input type="checkbox"/> ONE SIDE ONLY	<input type="checkbox"/> HEAD TO HEAD	<input type="checkbox"/> HEAD TO FOOT	OTHER (Fold and paste, perfect bind, etc.)
PAPER COVERS	STITCHING/BINDING		DRILL/PUNCH	NO., POSITION, AND SIZE
<input type="checkbox"/> SELF <input type="checkbox"/> SEPARATE	<input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE <input type="checkbox"/> TAPE		<input type="checkbox"/> NO <input type="checkbox"/> YES	

<b>FOR PRINTING OF FORMS ONLY</b>				
FORM NUMBER	<input type="checkbox"/> PADS OR TABLETS <input type="checkbox"/> BLANK FORMS <input type="checkbox"/> SETS	CARBON <input type="checkbox"/> BLACK <input type="checkbox"/> ONE TIME <input type="checkbox"/> NO CARBON REQUIRED <input type="checkbox"/> CARBON INTERLEAVED <input type="checkbox"/> BLUE <input type="checkbox"/> DUAL PURPOSE	SIZE (Inches)	

<b>PROOFS AND DELIVERY</b>			
PROOFS REQUESTED	SHRINK WRAP/OTHER (Specify)	IS OVERTIME AUTHORIZED TO MEET DELIVERY?	REQUESTED DUE DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO <input type="checkbox"/> YES (Attach justification)	

SPECIFY SINGLE DESTINATION BELOW OR ATTACH AD-156, DISTRIBUTION LIST FOR MULTIPLE DELIVERY POINTS

<b>MAILING INFORMATION</b>			
LITERATURE CODE	RECIPIENT CODE	DISTRIBUTION	
		<input type="checkbox"/> ALL EMPLOYEES <input type="checkbox"/> REGULAR <input type="checkbox"/> CUSTOM	
DEPARTMENT LABELS (Codes)		LABELS FURNISHED	SELF MAILER
		<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES (Contact the PDMB, MSD)
ADDITIONAL INSTRUCTIONS			

NAME OF PERSON TO CONTACT	TELEPHONE NUMBER	UNIT NUMBER	AUTHORIZED BY (Signature)
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